Form A

# INCOME AND EXPENSE QUESTIONNAIRE – CITY OF BATH, ME WAREHOUSE/STORAGE TYPE PROPERTIES FOR 12 MONTHS ENDING DECEMBER 31, 2024

Please return within 30 days to: Assessor's Office, City of Bath, 55 Front St., Bath, ME 04530

## NOTE: THIS IS A TWO SIDED DOCUMENT NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE

Parcel Location: 48 WING FARM PKWY Parcel Map and Lot: 24-005-000

#### SECTION I: GENERAL DATA

Gross Building Area in SF:	Total Number of Rentable Units (include owner-occupied unit(s)):
Net Leasable Area in SF	Total Parcel Land Area:
Number of Rented Units:	Building Age:

### SECTION II: INCOME AND LOSS TOTALS FOR CALENDAR YEAR 2024

Unit Configuration (Number of units in each category and rates)

Unit Type/Size (describe)	# of Units	Rent per Unit per Month (as if fully rented)	nth Total Potential Gross Income		
·		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

#### **INCOME SUMMARY**

- Enter annual income below AS IF FULLY RENTED.
- Subtract <u>ACTUAL RENT RECEIVED</u> from <u>LINE</u> 5 and allocate the difference to vacancy or concessions/bad debt (lines 6 and 7)
- Other Income (Lines 2, 3 and 4) includes items such as: cell towers, vending, parking, billboards, misc. equipment rental, etc. Describe and enter.

1. Income from unit rentals (calculate as if fully occupied)	\$
2. Other Income: (Describe)	\$
3. Other Income: (Describe)	\$
4. Other Income: (Describe)	\$
5. Potential Gross Income: (Add 1 through 4)	\$
6. Loss due to Vacancy: See note above.	\$

7. Loss due to Concessions/Bad Debt: See note above.  8. Total Vacancy and Collection Loss (Add 6 and 7)								
8. Total Vacancy and Collection Loss: (Add 6 and 7)								
9. Effective Gross Income (Subtract 8 from 5)								
Annual Occupancy (Percent):Annual Average Monthly Rate (AMR):  SECTION III: EXPENSES FOR CALENDAR YEAR 2024  Please check if each item is paid by Owner or Tenant. If entering "Other", please describe.								
Expense Type	Amount		Γ   Expense Type	Amount	0 7	T		
1. Management Fee			19. Maintenance Wages					
2. Legal/Accounting			20. Maintenance Contract Fee					
3. Security			21. Maintenance Supplies					
4. Payroll			22. Maintenance Groundskeep	oing		_		
5. Group Insurance			23. Maintenance Trash Remov	ral				
6. Telephone			24. Maintenance Snow Remov	al		_		
7. Advertising			25. Maintenance Exterminator	:		_		
8. Commissions			26. Maintenance Elevator					
9. Repairs Exterior			27. Insurance (1 Year Premiun	n)				
10. Repairs Interior			28. Reserves for Replacement					
11. Repairs Mechanical			29. Travel					
12. Repairs Electrical			30. Other					
13. Repairs Plumbing			31. Other					
14. Utilities Gas			32. Other					
15. Utilities Oil			33. TOTAL (Add 1 throu	igh 32)				
16. Utilities Electricity			34. Real Estate Taxes			_		
17. Utilities Water								
18. Utilities Sewer								
I certify under the pain  Name:  Please print.	on this form is confi s and penalties of J	dential a		er Title 36 §706-A M.F. herewith is true and o	correct:			
Signature of owner or p	oreparer:							
Phone:			Date					